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		Filing Date	
		First Named Inventor	
		Group Art Unit	
		Examiner Name	
		Attorney Docket Number	
<i>(use as many sheets as necessary)</i>			
Sheet	of		

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Examiner Signature		Date Considered	
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***EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

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